

Lessons Learned about Permanency for Teens

In February 1999, the National Resource Center for Family Centered Practice and Four Oaks, Inc., a private nonprofit social services agency, published a final report about Iowa's Permanency for Teens Project. The three-year federally funded demonstration project was a collaborative effort between Four Oaks and the Iowa Department of Human Services (DHS) aimed at making permanent placements and lasting connections for 30 legally free teens in Iowa. During the project, participants learned a lot about working with teens. This article is adapted from the final report.

As many workers know, finding permanent homes for children who have reached adolescence can be very challenging work. Teens who have been in the child welfare system for many years have experienced repeated placements, watched many relationships come and go, and are at a difficult crossroad between childhood and adulthood. It is hardly surprising that so many youth in foster care exhibit attachment disorders and behavioral problems that make them less appealing to would-be adopters. These problems, however, are a clear indication of how important permanence is to adolescents, and how, by all indications, continued instability increases the risk that teens will experience long-term social and emotional problems. The question then becomes: How can workers best achieve permanence for teens?

The short answer: Work very consistently, tenaciously, and repeatedly to overcome barriers.

The Value of Teamwork

One of the most pervasive barriers to teen permanence involves perception and priority-setting. Professionals are often convinced that teens do not want to be adopted or that no prospective adopters will ever agree to bring a teen into their homes. Placement priorities are also weighted heavily in favor of younger children—by law and practice.

To help overcome workers' sense that adolescents cannot or do not want to be permanently placed, Permanency for Teens Project (PTP) staff employed a team approach to case management. They hired staff to work in partnership with Department of Human Services (DHS) case workers and permanency planners in each region of Iowa, and instituted quarterly case review meetings where team members could celebrate accomplishments and collectively strategize ways to achieve planned placement or relationship-building goals.

Project staff recommend that, for each adolescent in state care, a team (that includes the case worker, a permanency planner, and a DHS transition specialist) shares responsibility for making and implementing decisions regarding the teen. As with all child welfare practice, continuity of staff should be a priority in planning for permanence.

PTP permanency teams also addressed another common barrier to teen permanence: limited involvement during the permanency planning process of adults who are significantly connected to the teen. Such individuals—relatives, foster parents, therapists, etc.—may be the critical resource needed to expand placement options, help define central problems that could prevent permanency, or identify critical support services that a teen needs. For this reason, in addition to the project staff member and DHS worker, PTP teams included members who had an extra connection to the teen: counselors or therapists participated on three-quarters of the teams; current foster parents joined nearly half of the teams; and former foster parents served on about a quarter of the teams. Other participants included grandparents, other birth relatives, additional case workers, and other concerned adults. One teen had nine team members.

Whenever possible, it is critically important that the teen also be a team member. During the project, staff encouraged all youth to participate in permanency planning and to identify birth family members—mothers, fathers, aunts, uncles, sisters, brothers, grandparents—to whom they felt connected. PTP staff also used placement genograms (diagrams that visually depict and help children make sense of their past placements in foster homes, treatment centers, etc.) to locate others who were significantly connected to the teens. A teen's case file, of course, can provide a lot of clues about past connections, and possible permanency resources as well.

Recruitment Strategies

Staff emphasize that targeted, child-specific recruitment efforts—for instance, asking teens to identify possible resources—are best suited to meet the needs of individual youth. General recruitment, however, can also be part of the mix. General recruitment activities for the Permanency for Teens Project were conducted in conjunction with Iowa's KidSake Adoption Project. PTP youth were featured in the photolisting book, and participated in state events such as video parties, television spots, and adoption fairs.

Support Services

Unfortunately, even if recruitment strategies are sound, the scarcity of intensive pre- and post-placement support services often presents another barrier to finding and maintaining placements for teens. To help prevent needless disruptions, the Permanency for Teens Project provided a full range of support services including training, child and family preparation activities, financial assistance, and other pre- and post-placement activities. The most common services and interventions included: recruitment or identification of connective resources; transportation; communication with connective resources and families; visits to youth in placement; individual therapy; group therapy; medication monitoring; support to the youth's school; crisis intervention; residential treatment; and assistance with new placements.

Defining Permanency

One enduring lesson of the Permanency for Teens Project was that permanency—especially for older children nearing adulthood—needs to be reconceptualized to include a broad range of options. For adolescents, ongoing and meaningful connections with family and important adults in their lives are particularly important. For this reason, PTP staff charged permanency teams both with seeking permanent placements, and nurturing ongoing relationships between teens and important people in their lives—siblings, other birth relatives, foster families, mentors, etc. By project end, nearly every teen could identify a potentially permanent connection.

Permanency teams' use of concurrent planning helped them to keep sight of both placement and connection goals. Instead of waiting for one plan to fail and then deciding on another course, case plans established primary and concurrent goals that could be worked toward at the same time. Adoption and long-term foster care were

the two most common primary goals. The most frequent concurrent goal was establishing relationships with family and friends (59 percent), followed by establishing and maintaining permanent connections with other significant figures in the teen's life (44 percent).

Project staff also noticed a need for flexibility to pursue alternative forms of legal permanency such as subsidized guardianship or even adoption by birth family members. They recommend that courts more consistently recognize and endorse alternative forms of permanent connections for youth and consider the possibility of reinstating parental rights when appropriate.

Case Study

John, one of the PTP participants, became legally free for adoption when he was five. John's grandparents had volunteered to adopt him when he first entered care, but DHS rejected that plan at the time because they wanted to place John in a family with his brother and sister. Soon, however, John's sister was adopted separately, and John and his younger brother were placed in a different pre-adoptive home. Unfortunately that placement disrupted for John, and between the ages of 8 and 13, he experienced multiple placements in foster homes, hospitals, and shelters. As he hit adolescence, he was turning from a hyperactive boy into an aggressive young adult.

When John joined the project, he was 14 and living in a residential treatment center. Excited about the project and cooperative with staff, John quickly identified permanency team members—his DHS workers, the PTP staff, and a therapist at his residential treatment center. Soon, thanks to the discovery of a long lost file at the DHS office filled with cards, letters, and pictures for John from his grandparents, John's case plan was to move to his grandparents' home in another state. Transition planning began in October 1996 and he moved in during April 1997.

The permanency team in this case was instrumental in ensuring the success of John's case plan. Team members helped the grandparents with the adoption, got the interstate worker to work with DHS to arrange for needed services (including respite, tutoring, and individual therapy) in the new state, worked to resolve conflicts that arose between the grandparents and John's residential treatment center during the transition, and encouraged the grand-

parents to pursue a medical evaluation of John that identified previously undiscovered brain damage. Though the placement has not been without its difficulties—John took a knife to school in violation of school policies at one point, and has had trouble with school performance—the placement has been very stable, and John's condition has improved.

This case also provided important learning experiences for the PTP staff. Some of the simplest tasks, staff learned, produced the greatest benefit. The cards and letters in John's DHS file that had never been sent to him, for instance, provided important clues to his strongest family connections. The neurological exam found brain damage that might explain some of his aggressive behavior and cognitive learning problems. Medication prescribed as a result of the exam has helped to stabilize John.

As one might expect, not all of the Permanency for Teens Project participants fared as well as John. Many, however, did find permanency through adoption, or enduring connections through stable long-term foster care placements and new bonds with lost family members. And as the report concludes, the "notion of permanency, particularly when applied to older children, needs to be expanded beyond the notion of either a legal status (adopted, emancipated, etc.) or a placement category (long-term foster care, adoptive home, independent living, etc.). Permanency is better understood as a multifaceted construct which includes several key dimensions...[such as] legal status, stability in and appropriateness of the placement setting, connectedness to family and significant others, and the youth's emotional well-being. Only by considering all of these dimensions can we begin to work in a meaningful way toward permanency for youth." ~

To learn more about the Permanency for Teens Project or to request a copy of the final report, contact Joan Black, Project Supervisor, at Four Oaks, Inc., 1916 Waterfront Dr., Iowa City, IA 52240; 319-337-4523.